

New Jersey Public Employment Relations Commission
NON-POLICE AND FIRE
COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #

SECTION I: Parties and Term of Contracts

1 Public Employer: Township of Burdettown County: Burlington
 2 Employee Organization: AFSCME Number of Employees in Unit: 11
 3 Base Year Contract Term: 2017 New Contract Term: 2018-2021

SECTION II: Type of Contract Settlement (please check only one)

4 ☒ Contract settled without neutral assistance
 5 ☐ Contract settled with assistance of mediator
 6 ☐ Contract settled with assistance of fact-finder
 7 ☐ Contract settled with assistance of super-conciliator
 8 If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?
 Yes ☐ No ☐ N/A

SECTION III: Salary Base

The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.

9 Salary Costs in Base Year \$ 364,333.66
 10 Longevity Costs in Base Year \$
 11 Total Salary Base \$ 364,333.66

SECTION IV: Salary Increases for Each Year of New Agreement*

	Year 1	Year 2	Year 3	Year 4	Year 5
12 Effective Date (month/day/year)	<u>1/1/18</u>	<u>1/1/19</u>	<u>1/1/20</u>	<u>1/1/21</u>	
13 Cost of Salary Increments (\$)	<u>451,172.80</u>	<u>460,200.00</u>	<u>469,456.00</u>	<u>478,774.40</u>	
14 Salary Increase Above Increments (\$)					
15 Longevity Increase (\$)					
16 Total \$ Increase (sum of lines 13-15)					
17 New Salary Base (\$)	<u>451,172.80</u>	<u>460,200.00</u>	<u>469,456.00</u>	<u>478,774.40</u>	
18 Percentage increase over prior year	<u>23.8</u> %	<u>2</u> %	<u>2</u> %	<u>2</u> %	

*If contract duration is longer than five years, please add an additional page.

Employer: _____

Employee Organization: _____

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SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items*

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
20	Totals(\$):						

*If contract duration is longer than five years, please add an additional page.

SECTION VI: Medical Costs

	Base Year	Year 1
21 Health Plan Cost	\$ 184,320.00	\$ 191,184.00
22 Prescription Plan Cost	\$ 69,396.00	\$ 69,396.00
23 Dental Plan Cost	\$ 11,308.00	\$ 11,808.00
24 Vision Plan Cost	\$ 0.00	\$ 0.00
25 Total Cost of Insurance	\$ 265,024.00	\$ 272,388.00
26 Employee Insurance Contributions	\$ 20,913.00	\$ 21,605.00
27 Employee Contributions as % of Total Insurance Cost	7.80 %	10.80 %

Employer: _____

Employee Organization: _____

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Section VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this CNA.

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name:

Jeffrey Elsassner

Position/Title:

CEO LTC

Signature:

[Handwritten Signature]

Date:

5/22/18

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us

NJ Public Employment Relations Commission
Conciliation and Arbitration
PO Box 429
Trenton, NJ 08625
Phone: 609-292-9898

Revised 8/2016

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 1/1/2018 thru 12/31/2021.

Employer: Township of Bordentown

County: Burlington ☐

Date: 8/21/2018

Name: Michael Theokas

Print Name

Title: Administrator

Signature